



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE BOARD OF HEALTH**

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02476

Christine M. Connolly, MPH, CHO
Director of Health and Human Services

Tel: 781 316-3170
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Application for Permit to sell Tobacco Products

DOING BUSINESS AS:

Name of Retail Store _____

Address _____ Telephone _____

Owner _____ Name (Corporation name if incorporated) _____

Address _____ City/Town _____ Zip code _____ Telephone _____

Applicant's Name (PRINT) _____ Signature _____

Applicant's Date of Birth _____ Applicant's Social Security Number _____

Title _____ Date _____

Language (s) spoken in Establishment: _____

*** (Circle)
Convenience Store Gas Station Only Canteen Pharmacy Grocery Private Club

*****TYPES OF TOBACCO PRODUCTS SOLD IN ESTABLISHMENT:**

Cigarettes Chewing Tobacco Cigars Snuff Pipe Tobacco

Hours of Operation:

Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

BOARD OF HEALTH USE ONLY

Number _____ Fee \$500.00

Date of Issue: _____ Expiration Date: _____